

## Application Data Sheet Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	No
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	0
Title ::	INTERVERTEBRAL DISK PROSTHESIS OR ARTIFICIAL VERTEBRA
Attorney Docket Number::	LUS-16017
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Fig. 1
Total Drawing Sheets::	3
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

## Applicant Information

Applicant Authority Type::	Inventor	
Primary Citizenship Country::	Switzerland	1-00
Status::	Full Capacity	
Given Name::	<u>Armin</u>	
Middle Name::		
Family Name::	<u>Studer</u>	
Name Suffix::		
City of Residence::	<u>Steinhausen</u>	
State or Province of Residence::		
Country of Residence::	Switzerland	CHX
Street of mailing address::	Bahnhofstrasse 34	
City of mailing address::	Steinhausen	
State or Province of mailing address::		
Country of mailing address::	Switzerland	
Postal or Zip Code of mailing address::	CH-6312	

Applicant Authority Type::	Inventor	
Primary Citizenship Country::	Switzerland	2-00
Status::	Full Capacity	
Given Name::	<u>Jason</u>	
Middle Name::		
Family Name::	<u>Trachsel</u>	
Name Suffix::		
City of Residence::	<u>Ipsach</u>	
State or Province of Residence::		
Country of Residence::	Switzerland	CHX
Street of mailing address::	Schürlistrasse 12	
City of mailing address::	Ipsach	
State or Province of mailing address::		
Country of mailing address::	Switzerland	

Postal or Zip Code of mailing address:: CH-2563

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Switzerland  
Status:: Full Capacity  
Given Name:: Martin  
Middle Name::  
Family Name:: Wyman  
Name Suffix::  
City of Residence:: Liebefeld  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of mailing address:: Rosenweg 13  
City of mailing address:: Liebefeld  
State or Province of mailing address::  
Country of mailing address:: Switzerland  
Postal or Zip Code of mailing address:: CH-3097

3-00

CHX

## Correspondence Information

Correspondence Customer Number :: 0040854  
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## Representative Information

Representative Customer Number::	<u>0040854</u>	
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## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/CH2002/000582	10/28/02

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name::	MATHYS MEDIZINALTECHNIK AG
Street of mailing address::	Güterstrasse 5
City of mailing address::	Bettlach
State or Province of mailing address::	
Country of mailing address::	Switzerland
Postal or Zip Code of mailing address::	CH-2544